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FROM:
Robert H. Resis

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3

YOUR REFERENCE NO.:
10/644,106

OUR REFERENCE (C/M) NO.:
011738.00120

RE: In re: Appln. Gijsbers, et al.
Appln. No. 10/644,106
Filed: August 20, 2003
For: Brain Fluid Ion Concentration Modification for Treating Neurological Disorders

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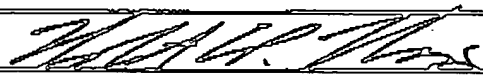
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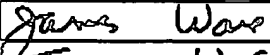
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TRANSMITTAL FORM <small>(to be used for all correspondence after initial filing)</small>	Application Number	10/644,108	
	Filing Date	August 20, 2003	
	First Named Inventor	Gijsbers	
	Art Unit	3763	
	Examiner Name	(T/B/D)	
Total Number of Pages in This Submission	3	Attorney Docket Number	011738.00120

ENCLOSURES (check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input checked="" type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s): <small>(please identify below):</small> Facsimile Coversheet
Remarks The Commissioner is hereby authorized to charge any deficiencies in payment or credit any overpayment to our Deposit Account 19-0733.		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm	Banner & Witcoff, LTD.		
Signature			
Printed Name	Robert H. Resis		
Date	June 21, 2005	Reg. No.	32,168

CERTIFICATE OF TRANSMISSION/MAILING			
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Typed or printed name	James Ware	Date	June 21, 2005

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JUN 21 2005**PATENT****IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**
(Attorney Docket No. 011738.00120)

In re U.S. Patent Application of)
Gijsbers, et al.)
Application No. 10/644,106) Examiner: T/B/D
Filed: August 20, 2003) Group Art Unit: 3763
For: BRAIN FLUID ION CONCENTRATION)
MODIFICATION FOR TREATING)
NEUROLOGICAL DISORDERS)

STATUS INQUIRY

Commissioner for Patents
Washington, D.C. 20231

Dear Sir:

Applicant respectfully requests a report with respect to the status of the above-identified application. It is noted that we are in receipt of the filing receipt for this application.

Respectfully submitted,

BANNER & WITCOFF, LTD.

Dated: June 21, 2005

By: 

Robert H. Resis
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Direct Dial No. (312) 463-5405

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